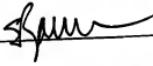


U.S. APPLICATION NO. (If known, see 37 CFR 1.5.) 10/522842	INTERNATIONAL APPLICATION NO. PCT/US2003/31289	ATTORNEY'S DOCKET NUMBER LCS-103/PCT/US																				
21. <input checked="" type="checkbox"/> The following fees are submitted: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input checked="" type="checkbox"/> a) Basic national fee.....</td> <td style="width: 30%; text-align: right; padding: 2px;">\$300.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> b) Examination fee.....</td> <td style="text-align: right; padding: 2px;">\$200.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> c) Search fee.....</td> <td style="text-align: right; padding: 2px;">\$500.00</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">TOTAL OF ABOVE CALCULATION.....</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">\$1000.00</td> </tr> </table>		<input checked="" type="checkbox"/> a) Basic national fee.....	\$300.00	<input checked="" type="checkbox"/> b) Examination fee.....	\$200.00	<input checked="" type="checkbox"/> c) Search fee.....	\$500.00	TOTAL OF ABOVE CALCULATION.....		\$1000.00		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">Applicant Use</td> <td style="width: 50%; text-align: center; padding: 2px;">Office Use Only</td> </tr> <tr> <td style="text-align: center; padding: 2px;">\$300.00</td> <td style="text-align: center; padding: 2px;"> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">\$200.00</td> <td style="text-align: center; padding: 2px;"> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">\$500.00</td> <td style="text-align: center; padding: 2px;"> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">\$1,000.00</td> <td style="text-align: center; padding: 2px;"> </td> </tr> </table>	Applicant Use	Office Use Only	\$300.00		\$200.00		\$500.00		\$1,000.00	
<input checked="" type="checkbox"/> a) Basic national fee.....	\$300.00																					
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<input type="checkbox"/> Additional fee for specification and drawings filed in paper of 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.		\$0																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 2px;">Total Sheets</td> <td style="width: 25%; text-align: center; padding: 2px;">Extra sheets</td> <td style="width: 25%; text-align: center; padding: 2px;">Number of each additional 50 or fraction thereof (round up to a whole number)</td> <td style="width: 25%; text-align: center; padding: 2px;">RATE</td> </tr> <tr> <td style="text-align: center; padding: 2px;">23 - 100 =</td> <td style="text-align: center; padding: 2px;">/50 =</td> <td style="text-align: center; padding: 2px;">X \$250.00</td> <td style="text-align: center; padding: 2px;">\$0</td> </tr> </table>		Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE	23 - 100 =	/50 =	X \$250.00	\$0	Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).												
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE																			
23 - 100 =	/50 =	X \$250.00	\$0																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 2px;">CLAIMS</td> <td style="width: 25%; text-align: center; padding: 2px;">NUMBER FILED</td> <td style="width: 25%; text-align: center; padding: 2px;">NUMBER EXTRA</td> <td style="width: 25%; text-align: center; padding: 2px;">RATE</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Total Claims</td> <td style="text-align: center; padding: 2px;">20 - 20 =</td> <td style="text-align: center; padding: 2px;">X \$50.00</td> <td style="text-align: center; padding: 2px;">\$0</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Independent claims</td> <td style="text-align: center; padding: 2px;">2 - 3 =</td> <td style="text-align: center; padding: 2px;">X \$200.00</td> <td style="text-align: center; padding: 2px;">\$0</td> </tr> </table>		CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	Total Claims	20 - 20 =	X \$50.00	\$0	Independent claims	2 - 3 =	X \$200.00	\$0	MULTIPLE DEPENDENT CLAIMS(S) (if applicable) + \$360.00								
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE																			
Total Claims	20 - 20 =	X \$50.00	\$0																			
Independent claims	2 - 3 =	X \$200.00	\$0																			
TOTAL OF ABOVE CALCULATIONS =		\$ 1,000.00																				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by $\frac{1}{2}$.		\$ --																				
SUBTOTAL =		\$1,000.00																				
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).		+ \$ --																				
TOTAL NATIONAL FEE =		\$1,000.00																				
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property		+ \$ --																				
TOTAL FEES ENCLOSED =		\$1,000.00																				
Amount to be refunded:		\$																				
Amount to be charged:		\$																				
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.																						
b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 12-2135 in the amount of \$ <u>1,000.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.																						
c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to my Deposit Account No. 12-2135. A duplicate copy of this sheet is enclosed.																						
d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																						
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.																						
SEND ALL CORRESPONDENCE TO:		SIGNATURE 																				
STEVEN C. BAUMAN HENKEL CORPORATION 1001 TROUT BROOK CROSSING ROCKY HILL, CT 06067 USA		NAME STEVEN C. BAUMAN REGISTRATION NUMBER 33,832																				